		PART I	3 - FEE(S) TRA	NSMI	ITTAL .			
Complete and APR 2	fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885				¥			
INSTRUCTION: This appropriate. All riether indicated unless contract maintenance fee notified	form should be used correspondence including the corrected of the correcte	for transmitting the ISSI ng the Patent, advance o herwise in Block 1, by (ired). Bl vill be n ; and/or	locks 1 through 5 s nailed to the current (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDE		Fee(s) papers	Transmittal, Th Each additions	is certifical paper,	cate cannot be used:	or domestic mailings of the for any other accompanying ent or formal drawing, must		
Gregory J Lavo Drinker Biddle & One Logan Squa		I herek States addres transm	by certify that the Postal Service versed to the Mai	nis Fee(s) vith suff I Stop I	of Mailing or Trans) Transmittal is bein icient postage for fir SSUE FEE address) 273-2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.		
18th & Cherry St Philadelphia, PA		M	arian	a	Lennox	(Depositor's name)		
			2		1 Man	7.	2008	(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/524,282	02/10/2005		Steven Jeffrey	/21 /2/	008 ETECLE2	nnn dal i	438(88302314)	6393
TITLE OF INVENTION:	WELL ABANDONMI	ENT APPARATUS				V VVVV	720.00 D	0
			. 02	FC:25 FC:15 FC:80	504		300.00 0 15.00 0	P
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE P	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300		\$0		\$1020	05/08/2008
EXAMINER ART UNIT			CLASS-SUBCLASS	s				
NEUDER, WILLIAM P 3672		3672	166-285000					
I. Change of corresponde CFR 1.363). Change of corresponde Address form PTO/SB	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth			4	. ,, ,,		iee is ide	entified below, the d	locument has been filed for
(B) RESIDENCE: (CITY and STATE OR COUNTRY) Well-Worx Limited Chichester, West Sussex, UNITED KINGDOM							KINGDOM	
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	□ Ir	ndividual 🗆 C	orporatio	on or other private gr	oup entity Government
4a. The following fee(s) a	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ✓ A check is enclosed. ✓ Payment by credit card. Form PTO-2038 is attached. ✓ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-05-73 (enclose an extra copy of this form). 							
5. Change in Entity State		d above)	overpayment, to I	Deposit	Account Numb	er <u>O5-<i>0</i></u>	o 13 (enclose a	n extra copy of this form).
a. Applicant claims	SMALL ENTITY state	is. See 37 CFR 1.27.	D b. Applicant is no					
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeords of the United Sta	uired) will not be accepte	d from anyone other the Office.	han the	applicant; a reg	istered at	ttomey or agent; or t	he assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Registration No.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature _
Typed or printed name